

# MHLA PROVIDER BULLETIN #2

October 29, 2014



## Billing, Payment and Encounter Data Submission Information

This is the second Provider Bulletin of the MHLA program. Our goal is to provide you with information pertaining to claiming, payment and encounter data under the MHLA program.

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### **MHLA Fee-For Service Payments (October 1, 2014 through March 31, 2015)**

Effective October 1, 2014 through March 31, 2015, MHLA will reimburse Community Partners (CPs) on a Fee-For-Service (FFS) rate of \$105.00 per visit, which includes ancillary and pharmaceutical services. CPs will invoice DHS, in arrears, for each office visit performed in the prior month.

During the FFS payment period, clinics may only submit bills to AIA for services rendered to MHLA fully enrolled participants, who have the complete set of required documents entered into and uploaded in One-e-App (OEA). Participants who do not have all documents uploaded into the MHLA system should not be enrolled. Incomplete applications (i.e., not all pertinent documents entered and uploaded) should be put in pending status in OEA and should not be submitted until all documents are uploaded.

CP clinics can give MHLA applicants until the end of the month in which the application was initiated to complete their application for the purposes of submitting a claim. If a MHLA application is complete and submitted, any visit that occurred in that month can be billed to the MHLA program. In other words, MHLA participants must be enrolled in OEA by the last day of the month in which services are rendered in order for the clinic to submit a claim on behalf of that patient. Please see PIN 14-08 (Revised).

DHS will not reimburse clinics for partially completed applications, where not all documentation was uploaded properly into OEA. If clinics are uploading incomplete applications, and not all documentation is uploaded, disenrollment in OEA may occur. If an individual is enrolled in MHLA who is not eligible for the program (i.e., over 138% of FPL, and income was entered incorrectly by the CP enroller), disenrollment of the participants and recoupments of paid claims will occur.

### **Billing AIA**

All billing forms and procedures are on the MHLA website ([dhs.lacounty.gov/mhla](http://dhs.lacounty.gov/mhla)) under "For DHS and Community Partners". Logon with the **username: mhlacpp** and **password: Lacounty1** to obtain these

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forms. They can be found under the tab called “Reference Manual, PINs and Forms.” Billing information and forms are under “Tab 7 – FFS Billing Information.”

AIA is the County’s claims adjudication service vendor. For dates of service between October 1, 2014 and March 31, 2015, clinics should submit FFS claims to AIA.

- Clinics will bill AIA using Program Code “**MHLA**” and provide the MHLA ID Number (PERSON ID # on the OEA system) for primary care medical claims.
- DHS will pay \$105 per visit, which includes ancillary and pharmaceutical services.
- Clinics will receive a Remittance Advice (R.A.) from AIA within 30 days of receipt of claim.
- DHS will issue a check 30 days after the R.A is received by Finance office from AIA.
- Clinics may submit the Professional claims using the preferred electronic claim (837 P) Layout, or a paper claim (CMS 1500 Form) may be submitted.

When you submit your claim, you must claim “match” the participant information that is in OEA. In order to pay your claim, AIA will look to the MHLA “fully enrolled” eligibility file (meaning all documents were uploaded, as required), and match the claim to the **PERSON ID#**. Once this matches, an additional match is performed by using the Last Name and First Name, the Date of Birth, and the Gender.

If the PERSON ID# on the claim matches the OEA enrollment file, then two out of three additional fields must match in order for the claim to be paid (Last Name-and-First Name, Date of Birth, or Gender). If the PERSON ID # matches, but only 1 subsequent field matches, then claim will be rejected as mismatch. If no PERSON ID# is provided on the claim, the claim will be rejected.

Clinics may fix and resubmit rejected claims. Clinics will be charged monthly for the per-claim cost of \$1.10 per electronic claim and \$2.35 per paper claim for all rejected and cancelled claims and encounters submitted to AIA by the CPs. DHS will not charge CPs for the submission of duplicate claims. CPs will receive as part of their Remittance Advice (R.A.) a summary of their total charges incurred for rejected and cancelled claims, and charges will be deducted from future R.A.s.

The last day that FFS claims can be submitted to AIA for payment is May 31, 2015, for new claims and June 30, 2015 for appealed claims. DHS will not pay claims for MHLA applications that do not have all required documents uploaded, and/or who were enrolled but are not eligible for the program.

If you need assistance submitting claims to AIA, or have questions about your payments please email Denise Wampler at [denise@mapinc.com](mailto:denise@mapinc.com), Marta Contreras [marta@mapinc.com](mailto:marta@mapinc.com) and Kristen Case [kristen@mapinc.com](mailto:kristen@mapinc.com). If you have questions about your R.A. or status of payment, please email My-Hong Vo at [Mvo@dhs.lacounty.gov](mailto:Mvo@dhs.lacounty.gov).

## **Billing Codes**

For the MHLA program, CPs are compensated for PRIMARY VISITS CPT Codes only. The CPT codes for PRIMARY VISITS are 99201 – 99205 for new patients and 99211 – 99215 for existing participants. CP clinics will be paid the \$105.00 if they use one of these codes.

All other PREVENTIVE MEDICINE codes are not payable; however, DHS encourages clinics to include in the claim all ancillary services provided during the primary visit (for tracking purposes). Clinics will need to include the primary visit date on their claims when they include codes for ancillary services.

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A participant who comes to a clinic just for an immunization or ancillary service may not be billed to MHLA as a primary care visit. CPs may not bill a MHLA Primary Visit CPT code for an immunization or ancillary service only.

## **Visits at Different Clinic Sites**

A MHLA participant assigned to your agency may receive services at any site within your agency and still be payable. You may bill AIA for services rendered at any medical home site within your agency.

## **Dental Claims Submission**

CPs who offer dental services may bill the MHLA program for dental services rendered to both MHLA enrolled participants and MHLA eligible patients. If a MHLA enrolled participant is seeking dental care, please print out the OEA "View Application Summary" sheet and place it in the participant's dental chart. The eligibility period in OEA for a MHLA participant is the same as their eligibility for dental care.

If a patient is seeking dental services who is not an enrolled participant in MHLA, the patient must fill out the Dental ATP form which is available on the MHLA website ([dhs.lacounty.gov/mhla](http://dhs.lacounty.gov/mhla) under "Reference Manual, PINs and Forms - Tab 7 – Fee For Service Billing Information.") All previous HWLA Unmatched Dental patients must be rescreened to be enrolled in the MHLA program even if the patient's HWLA Unmatched ATP was completed less than one year ago. Remember that HWLA Unmatched Program ended September 30, 2014.

The MHLA program will pay Denti-Cal codes and rates, up to the maximum dental allocation per agency. The program will not pay for Denti-Cal codes that are restricted, or that require prior authorization. Pharmaceuticals dispensed to dental patients are reimbursable on a FFS basis at a rate of \$4.00 per prescribed medication. Dental-related pharmaceuticals must be dispensed according to the MHLA Dental Drug Formulary (See "Drug Formularies", below).

To submit a FFS claim for a dental-related pharmaceutical, use the Excel spreadsheet or hard copy pharmacy claim form 30-1. These forms are available on the MHLA website ([dhs.lacounty.gov/mhla](http://dhs.lacounty.gov/mhla) under "Reference Manual, PINs and Forms - Tab 7 – Fee-For-Service Billing Information.") CP clinics may submit dental claims as a paper claim (American Dental Association (ADA) Dental Form) or as an electronic claim (please use the 837 Dental MHLA Data Specifications). You can access these forms and data specifications on the MHLA website as well as on the ADA website ([www.ada.org](http://www.ada.org)).

## **Drug Formularies (Primary Care and Dental)**

The MHLA program uses a drug formulary for both primary care and dental services (for MHLA and non MHLA dental patients). CPs may only prescribe off of the MHLA formulary, unless the clinic obtains from DHS, in advance, prior approval (known as "prior authorization") to use a drug that is not on the formulary. The drug formulary for primary care and dental as well as the Prior Authorization form is available on the MHLA website ([dhs.lacounty.gov/mhla](http://dhs.lacounty.gov/mhla) under "Reference Manual, PINs and Forms - Tab 5 – Pharmaceutical Information.")

## **Monthly Encounter Data Submission**

During the FFS billing period, CP clinics are required to submit encounter data information every month. Submission of encounter data is a contractual service deliverable, and MHLA payments may be withheld, or fees assessed, if this data is not provided timely.

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1. **Pharmacy Encounter Data Related to a Primary Care Visit.** During the FFS billing period (between October 1, 2014 and March 30, 2015), CPs must submit encounter data for MHLA prescriptions related to a primary care visit. This information can be submitted to AIA in one of two ways 1) Using a Pharmacy Encounter Data Claim Form OR 2) Entering pharmacy data on the Pharmacy Encounter Data Spreadsheet, both of which are available on the MHLA website (under “Reference Manual, PINs and Forms - Tab 8 – “Encounter Data Submission.”). Pharmacy encounter data related to the primary care visit must be submitted within 60 days of the month that is being reported, for example, October 2014 pharmacy data must be submitted by December 30, 2014.
2. **Monthly Visit Data.** During the FFS billing period (October 1, 2014 - March 30, 2015) all CPs must submit a monthly count of the total number of unique patient visits, by site. This must include all visits that occurred by a MHLA participant in the previous month for each site. Data must be submitted by the 10<sup>th</sup> of the following month (for example, October 2014 counts by November 10, 2014) or fines of \$100 per day will be incurred until data is received. This information can be submitted using the “Survey Monkey” tool on the MHLA website (“dhs.lacounty.gov/mhla - Reference Manual, PINs and Forms - Tab 8 – “MHLA Encounter Data Submission.”

## **Enrollment Reports**

DHS will not be sending enrollment, pending, or disenrollment reports. Clinics can retrieve this information directly out of OEA. To view your enrollment, pending, and disenrollment members, your **System Administrator** must view their “Medical Home Summary”. Reports can be viewed by clinic site, or for your entire agency as a whole. We recognize that at this time, the reports only go to 600 enrollees. We are working to resolve this issue so you can see all of your participants, beyond 600.

## **Placement of OEA Enrollment Summary in Primary Care Medical Charts**

So long as your agency does not delete or remove any MHLA information in OEA, you do not need to place proof of MHLA enrollment into a MHLA participant’s medical chart. CP clinics are required, by contract, to maintain accurate and complete billing and eligibility records of its MHLA operations no less than ten years after date of service or five years after contract termination, whichever is later. OEA will retain the eligibility information for your enrolled MHLA participants, so as long as you do not delete or remove information from OEA, placing this information in the medical chart is not necessary.

## **Community Clinic Expansion Program (CCEP) “Infrastructure and Enrollment” Patients**

CCEP patients who were seen at Infrastructure and Service clinic sites are permitted to enroll in the MHLA Program effective October 1, 2014.

## **MHLA Monthly Grant Funding (April 1, 2015 onward)**

Effective April 1, 2015, MHLA will reimburse CPs a Monthly Grant Funding (MGF) rate when a participant has been enrolled into MHLA through OEA and all required eligibility documents have been uploaded into the OEA system. Please note that the MGF period could potentially become effective prior to April 1, 2015 depending on the estimated expenditure rate during the FFS period above. Once the MGF period begins, clinics will be paid a rate of \$28.00 per month for primary care, plus \$4.00 per month for pharmacy. This rate includes ancillary services, as described in the MHLA Agreement.

**A conference call on this Provider Bulletin will be held on Tuesday, November 4<sup>th</sup> 1:30pm – 2:30pm. Call: (877) 260-8896.** We kindly ask multiple staff in a clinic to use one phone if possible. If you have any questions, please contact your Program Advocate. If you would like to be added to the distribution list, please email Deborah Ross at [deross@dhs.lacounty.gov](mailto:deross@dhs.lacounty.gov).